

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11	1		1			
12		1		1		
13		2		2		
14		3		3		
15		4		4		
16		5		5		
17	1		1			
18		1		1		
19		2		2		
20		3		3		
21		4		4		
22		5		5		
23		6		6		
24		7		7		
25		8		8		
26		9		9		
27		10		10		
28	1		1			
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

C. Burt